

IN THE UNITED STATES DISTRICTED COURT FOR THE DISTRICT OF DELAWARE

MR. JEFFERY ALONZO SIMMS #198625
 DELAWARE CORRECTIONAL CENTER
 1181 PADDOCK ROAD
 SMYRNA, DELAWARE 19977 (PLAINTIFF)
 VS.
 (DEFENDANT)

DEFENDANTS ATTORNEY
 MR. RALPH K. DURSTEIN
 DEPARTMENT OF JUSTICE 6th floor
 820 N. FRENCH STREET
 WILMINGTON, DELAWARE 19801

M. JANE BRADY STATE ATTORNEY GENERAL
 DEPARTMENT OF JUSTICE
 820 N. FRENCH STREET
 WILMINGTON, DELAWARE 19801

CIVIL ACTION CASE 04-1205-SLR
 CIVIL ACTION CASE 04-941-SLR

PLEASE FILED AT THE EARLIES
 POSSIBLE DATE EFFECTIVELY
 AS DATED SINCERLY.

UNITED STATES ARIZONA 1995.
 ARIZONA V. EVANS, 115 S. CT.
 1185, 514 UNITED STATES 1, 131
 L. ED. 2d 34.

U.S. CA U.S.C.A. CONST.
 AMEND. 4.

NOVEMBER 15-2005 DATED

MOTION AND TO FORWARD OF THE UNITED STATES MARSHALS SERVICE
 FORM AND SERVE WRIT ON DEFENDANT AND NOTICE OF ACKNOWLEDGEMENT
 OF PROCESS

HERE COMES THE PLAINTIFF, MR. JEFFERY ALONZO SIMMS IN THE ABOVE CAPTION
 CASE 04-1205-SLR AND CIVIL ACTION CASE 04-941-SLR TO THE HONORABLE JUDGE
 SUE L. ROBINSON OF THE UNITED STATES DISTRICT COURT OF THE DISTRICT OF
 WILMINGTON DELAWARE AND MR. PETER T. DALLEO CLERK OF THE COURT,

1.A) PLEASE BE ADVISED? HERE IS THE ADDRESS OF THE PARTYS
 HEALTH CARE PROVIDER IN THE ABOVE CAPTION CASE CONTRACTED
 (THE TUCSON?, ARIZ. BASED FIRST CORRECTIONAL MEDICAL, A PRIVATE
 HEALTH CARE PROVIDER).

PLEASE PROCESS CIVIL CASE 04-1205-SLR AND 04-941-SLR
 SINCERLY

MOVANT, PRO, SE

MR. JEFFERY ALONZO SIMMS 198625
 DELAWARE CORRECTIONAL CENTER
 1181 PADDOCK ROAD
 SMYRNA, DELAWARE 19977

ENTER THE APPEARANCE OF
 MR. JEFFERY ALONZO SIMMS IN THE
 ABOVE CAPTION CASE, SINCERLY,

HOME PHONE 754-7760
 MOTHER MARIE SIMMS

FILED

NOV 17 2005

U.S. DISTRICT COURT
 DISTRICT OF DELAWARE

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF

JEFFREY ALONZO SIMMS

COURT CASE NUMBER

04-1205-SLR

DEFENDANT

M.D. HARRY M. FREEMAN

TYPE OF PROCESS

CIVIL

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

ORTHOPEDIC SURGERY M.D. HARRY M. FREEMAN

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

808 MIDDLEFORD ROAD SEAFORD, DELAWARE 19973

AT

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

MR. JEFFREY ALONZO SIMMS
S. B. I# 198625
DELAWARE CORRECTIONAL CENTER
1181 PADDOCK ROAD
SMYRNA, DELAWARE 19977

Number of process to be
served with this Form - 285

4

Number of parties to be
served in this case

4

Check for service
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All
Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

OFFICE 302-629-5501

Signature of Attorney or other Originator requesting service on behalf of:

Jeffrey Alonzo Simms

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

410-754-7760

DATE

AUGUST 18 2005

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINEI acknowledge receipt for the total
number of process indicated.
(Sign only first USM 285 if more
than one USM 285 is submitted)

Total Process

District
of Origin

No.

District
to Serve

No.

Signature of Authorized USMS Deputy or Clerk

BF

Date

8-25-05

I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and dis-
cretion then residing in the defendant's
usual place of abode.

Address (complete only if different than shown above)

Date of Service

10/13/05

Time

am

pm

Signature of U.S. Marshal or Deputy

BF

Service Fee

Total Mileage Charges
(including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal or

Amount of Refund

REMARKS:

Waiver returned

NOTE

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
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PLAINTIFF

JEFFREY ALONZO SIMMS

COURT CASE NUMBER

04-1205-SLR

DEFENDANT

MAJOR R.L. HUGES

TYPE OF PROCESS

CIVIL

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

DELAWARE STATE POLICE MAJOR R.L. HUGES

AT

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

1441 N. DUPONT HIGHWAY DOVER DELAWARE 19701

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

MR. JEFFREY ALONZO SIMMS
S.B.I. # 192625
DELAWARE CORRECTIONAL CENTER
1181 PADDOCK ROAD
SMYRNA, DELAWARE 19977

Number of process to be
served with this Form - 285

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Number of parties to be
served in this case

4

Check for service
on U.S.A.

✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All
Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

ASSOCIATE MAJOR R.L. HUGES
DELAWARE STATE POLICE
P.O. BOX 430
DOVER, DELAWARE 19903

OFFICE
302-739-5400

Signature of Attorney or other Originator requesting service on behalf of:

Jeffrey Alonzo Simms

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

410-754-7760

DATE

AUGUST 18, 2004

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Total Process

District
of Origin

No.

District
to Serve

No.

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above. (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and dis-
cretion then residing in the defendant's
usual place of abode.

Address (complete only if different than shown above)

Date of Service Time am
10/28/04 pm

Signature of U.S. Marshal or Deputy

SP

Service Fee

Total Mileage Charges
(including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal or

Amount of Refund

REMARKS:

Winnor returned

NOTE

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF

JEFFREY ALONZO SIMMS

COURT CASE NUMBER

04-1205-SLR

DEFENDANT

JANE M BRADY

TYPE OF PROCESS

CIVIL

SERVE



AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

DEPARTMENT OF JUSTICE JANE M BRADY A.G.

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

820 N. FRENCH STREET WILMINGTON DELAWARE 19801

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

MR. JEFFREY ALONZO SIMMS
S.B. #198625
DELAWARE CORRECTIONAL CENTER
1181 PADDOCK ROAD
SMYRNA, DELAWARE 19977

Number of process to be served with this Form - 285

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Number of parties to be served in this case

4

Check for service on U.S.A.

✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

302-577-8500

Signature of Attorney or other Originator requesting service on behalf of:

Jeffrey Alonzo Simms

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

410-754-7766

DATE

August 18, 2005

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.

(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

District of Origin

No.

District to Serve

No.

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above):

Keith Brady

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service

Time

am

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS:

NOTE

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF

JEFFREY ALONZO SIMMS

COURT CASE NUMBER

04-1205-SLR

DEFENDANT

DR. DONNA BURNS

TYPE OF PROCESS

CIVIL

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

SUSSEX CORRECTIONAL INSTITUTION DOCTOR C. M. M. C. DONNA BURNS

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

P.O. BOX 500 19947

AT

SUSSEX CORRECTIONAL INSTITUTION GEORGETOWN DEL.

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

MR. JEFFREY ALONZO SIMMS
S.B.I.H 198625
DELAWARE CORRECTIONAL CENTER
1121 PADDOCK ROAD
SMYRNA, DELAWARE 19977

Number of process to be
served with this Form - 285

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Number of parties to be
served in this case

4

Check for service
on U.S.A.

✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All
Telephone Numbers, and Estimated Times Available For Service):

DOCTOR DONNA BURNS (WORK PLACE)
SUSSEX CORRECTIONAL INSTITUTION
P.O. BOX 500 DUPONT HIGHWAY
GEORGETOWN, DELAWARE 19947 (INSURANCE COMPANY)
CNMC

Signature of Attorney or other Originator requesting service on behalf of:

Jeffrey Alonzo Simms

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

410-754-7160

DATE

AUGUST 18, 2005

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Total Process

District
of Origin

No.

District
to Serve

No.

Signature of Authorized USMS Deputy or Clerk

Date

8-29-

I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and dis-
cretion then residing in the defendant's
usual place of abode.

Address (complete only if different than shown above)

Date of Service Time am
8/31/05 pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS:

Waiver returned

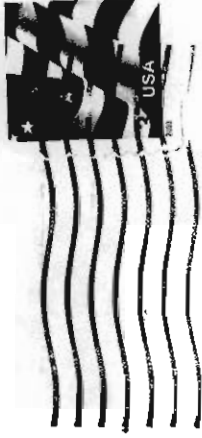
NOTE

IM JEFFREY SIMMS
SBI# 198625 UNIT KA-30

DELAWARE CORRECTIONAL CENTER

1181 PADDOCK ROAD

SMYRNA, DELAWARE 19977



**U.S.M.S.
X-RAY**

*United States District Court
844 N. King Street Lock Box 18
Honorable Judge Thomas L. Ambro Federal Building
Wilmington, Delaware
19801-3570*

19801/3570

